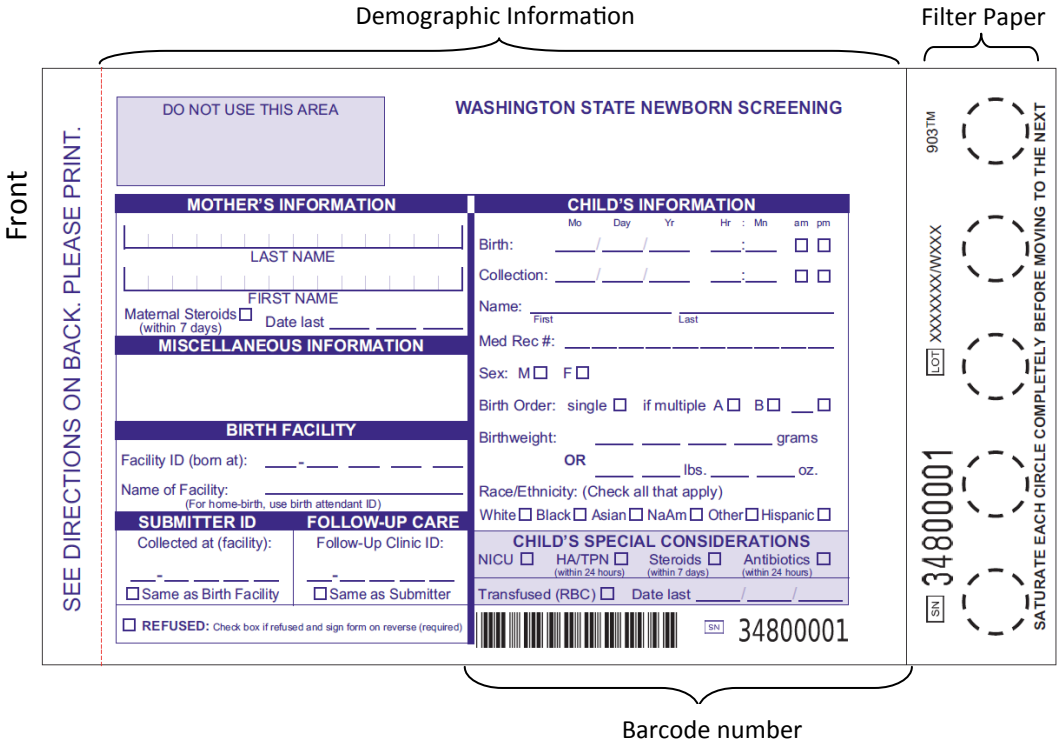
Newborn Screening Collection Card Instructions

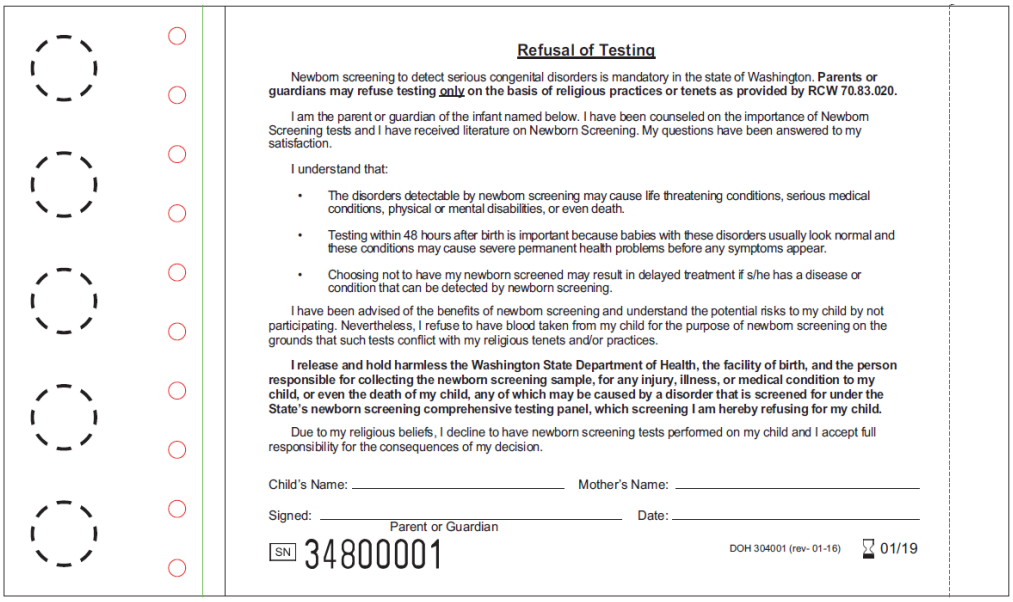
Collection Cards — Winter 2016

Please use your supply of existing older cards prior to use of the new cards.

As a reminder, please:

- Complete *Birth Facility* field
- Identify the *Follow-Up Care* ID# for the baby's outpatient clinic or facility (midwives use "M#")
- If applicable, use check boxes to indicate same ID number(s)
- Newest cards are in royal purple ink





If parents refuse newborn screening for religious reasons:

- Have parents read the Refusal of Testing statement on the back of the screening card
- Complete all demographic information on the front of the card AND check the box indicating "Refused"
- Parents must sign and date to indicate refusal of testing
- Mail refusal cards to the State Laboratory right away, just like a blood specimen

Please:

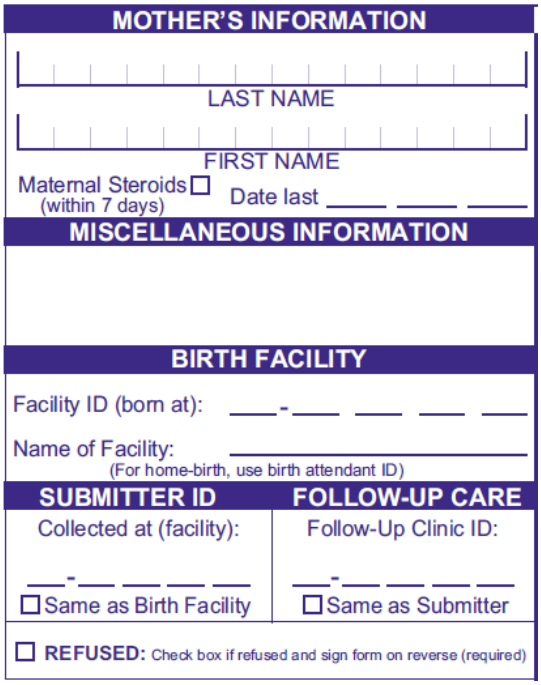
- Do not place stickers/tracking labels over any demographic information or the "DO NOT USE THIS AREA" section
- Do not separate the filter paper from the demographic information. The barcode number for the filter paper, demographic information section, and hearing card (if present) must match for each child
- Keep record of the unique barcode number in the child's chart and/or on a tracking log of screening specimens submitted

DOH 951-125 Feb2016

For people with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

Newborn Screening Collection Cards Instructions

Front Left



Complete list of ID numbers available online:
www.doh.wa.gov/NBS/IDNumberDirectories

Mother's Information

- Write mother's legal first and last name (Do not include middle names)
- Check box if the *mother* received steroids within the last 7 days
- Indicate the date when steroids were last administered to the mother

Miscellaneous Information

- Indicate anything relevant, such as: adoption, foster care, surrogacy, CPS, family history of NBS disorders, moving/transferring out of state

Birth Facility

- Write the ID# for the hospital or birth center where the infant was born
- The card's yellow flap has a list of all birth facility ID#s for your use
- If home birth, write the individual midwife ID# ("M#")

Submitter ID

- Write the ID# for the facility where the specimen was collected
- If home collection, write the individual midwife ID# ("M#")
- Or check the box if same as birth facility
- Test results will be mailed to the submitter

Follow-Up Care

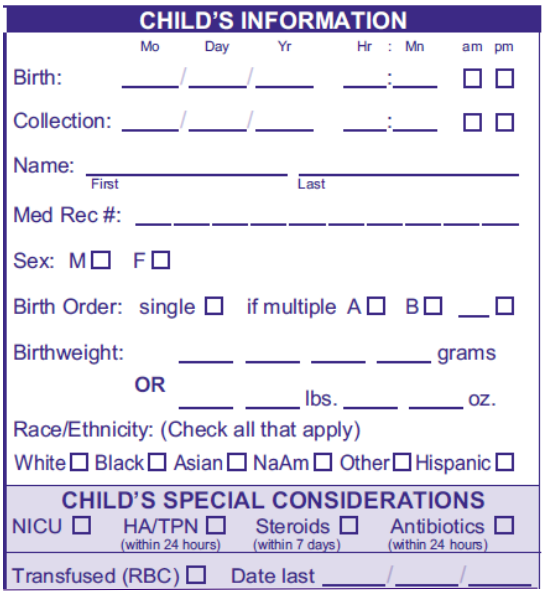
- Write the ID# of the facility where the child will receive outpatient care*
- If child will remain in-house, write the hospital's ID#
- Or check the box if same as submitter
- This facility will be contacted when abnormal results require follow-up

***No longer use individual provider ID#s**

Refused

- Check box if parents refuse testing AND obtain signature on back of card

Front Right



Child's Information

- Write the date AND time the child was born
- Write the date AND time the specimen was collected
  - — Use 24-hour based time OR check appropriate AM/PM boxes
    - ♦ Tests are specific to the child's exact age (in hours) when the specimen was collected
- Write the child's legal name and Medical Record # (if known)
- Write the sex and birth order of the child
  - ♦ This ensures the correct child is being identified
- Write the weight of the child *at birth* in grams OR pounds/ounces
  - — Do not use commas or other punctuation
- For Race/Ethnicity, check all boxes that apply (if known)

Child's Special Considerations

- Check NICU box if child is or will be in the Intensive Care Unit or Special Care Nursery
- Check HA/TPN box if the child received hyperalimentation/total parenteral nutrition, or IV supplementation including amino acids **in the last 24 hours**
- Check STERIODS box if the child received steroids **in the last 7 days**
- Check ANTIBIOTICS box if the child received antibiotics **in the last 24 hours**
- Check TRANSFUSED box if the child received red blood cell transfusion
  - Indicate the date the child was last transfused with red blood cells